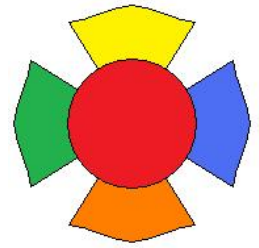


**Fort Leavenworth First Responders
Community Partnership
Exceptional Family Member (EFM) Information Request**



Authority: Title 10 U.S.C. Section 3013, Privacy Act Statement 5 U.S.C. 552a

Purpose: To inform Fort Leavenworth First Responders of special considerations of an EFM in case of an emergency.

Storage & Dissemination: Provided to First Responders by the ACS EFMP Manager and only used by such personnel in the event of an emergency in your home. Ensure you contact ACS EFMP upon PCS so that the information will be destroyed.

Disclosure: Voluntary

Sponsor Name:

Phone:

Home Address:

Name of EFM:

Date of Birth & Age:

Male/Female:

Special Medical Needs:

Special Safety Concerns:

Medications:

Drug/Food Allergies:

Would you like First Responders to visit your home for situational awareness?

Approximate PCS Date:

Return this request to the ACS EFMP Manager at 600 Thomas Avenue. 684-2871

ACS EFMP will provide a decal to be placed in your window. Notify the ACS EFMP upon PCS.